



Wyoming Storage Tank Program Operator's Annual Inspection



DATE:	WYOMING FACILITY NUMBER:
FACILITY NAME:	OWNER NAME:
Address:	Mailing Address:
City:	City, State, Zip:
Phone:	Phone:
Tester	Tester License Number

TANKS AND PIPING	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
Status (<i>Active or Taken-Out-of-Use</i>)				
Capacity (<i>Gallons</i>)				
Product (<i>Specify type</i>)				
Tank Construction Material				
Compartment Tank (<i>Yes or No</i>)				
Double-Wall Tank (<i>Yes or No</i>)				
Piping Type (<i>Suction or Pressurized</i>)				
Piping Material (<i>FRP/Flex/Steel</i>)				
Double-Wall Piping (<i>Yes or No</i>)				
Emergency Power Generator (<i>Yes or No</i>)				
Type of Overfill Prevention				

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Double-Wall Piping (<i>Yes or No</i>)				
Emergency Power Generator (<i>Yes or No</i>)				
Type of Overfill Prevention				

Line Testing

Line Leak Detectors	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____
Product				
Type of Line Leak Detection(MLLD/ELLD/Sump Sensor)				
Brand of Line Leak Detector				
Simulated Leak Rate (ELLD/MLLD)				
Did Line Leak Detector Function Properly				
Line Tightness Testing	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____
Product				
Leak Rate				
Test Start Time				
Test End Time				
Test Length				

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Type of Line Leak Detection(MLLD/ELLD/Sump Sensor)				
Brand of Line Leak Detector				
Simulated Leak Rate (ELLD/MLLD)				
Did Line Leak Detector Function Properly				
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Leak Rate				
Test Start Time				
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NOTES: _____

TANK LEAK DETECTION

TANKS	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____
Capacity (<i>Gallons</i>)				
Product (<i>Specify type</i>)				
Tank Construction Material				
Compartment (Yes or No)				
Primary Tank Leak Detection Method (ATG/SIR/Interstitial/GW/VM/MTG)				
Double-Wall Tank (Yes or No)				
How Close is ATG Calibration(If ATG is Primary Method)				
Are Probes Clean (If Applicable)				
Are probes Functional (Interstitial Monitoring)				
Additional Information				

TANKS	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____	TANK OR COMPARTMENT#_____
Capacity (<i>Gallons</i>)				
Product (<i>Specify type</i>)				
Tank Construction Material				
Compartment (Yes or No)				
Primary Tank Leak Detection Method (ATG/SIR/Interstitial/GW/VM/MTG)				
Double-Wall Tank (Yes or No)				
How Close is ATG Calibration(If ATG is Primary Method)				
Are Probes Clean (If Applicable)				
Are probes Functional (Interstitial Monitoring)				
Additional Information				

NOTES: _____

WHEN THE OWNER/OPERATOR SUBMITS COPIES OF THIS OAI FORM TO THE DEQ, THEY ARE ALSO REQUIRED TO SUBMIT COPIES OF THE TANK LEAK DETECTION RECORDS FOR THE PRECEDING YEAR.

INSPECTION OF TANK EQUIPMENT

TANK EQUIPMENT	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
Turbine Sumps Clean				
Is There Any Visible Damage to Piping?				
No Exposed Wire Connections				
Spill Buckets Clean				
Spill Bucket Drains Operational				
Any Damage to Spill Buckets				
Is Spill Bucket Lid Damaged?				
Is There a Drop Tube?				
Type of Overfill Prevention				
Verified Flapper Valve Has not Been Disabled				
Have Vent Pipes Been Damaged?				
Vent Pipes at least 12' High or 3' Higher Than Roof or Canopy				

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Turbine Sumps Clean				
Is There Any Visible Damage to Piping?				
Any Exposed Electrical Connections?				
Spill Buckets Clean				
Spill Bucket Drains Operational				
Any Damage to Spill Buckets				
Is Spill Bucket Lid Damaged?				
Is There a Drop Tube?				
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Vent Pipes at least 12' High or 3' Higher Than Roof or Canopy				

NOTES: _____

DISPENSERS

DISPENSER EQUIPMENT	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Any Pipe Damage?				

DISPENSER EQUIPMENT	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Any Pipe Damage?				

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Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Any Pipe Damage?				

EMERGENCY EQUIPMENT

SAFETY	
Is Emergency Shutoff Visible and Clearly Marked?	
Is Emergency Shutoff at Least 20' and No More Than 100' From Dispensers?	
Is There a Portable Fire Extinguisher No More Than 75' From Dispensers?"	